

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION
Attorney Docket No. 5470-234

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **CONTRAST MEDIA FOR ANGIOGRAPHY**,

the specification of which

☐ is attached hereto

OR

☒ was filed on January 11, 2000 as United States Application No. or PCT International Application Number 09/480,429 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

| | | | |
|--------|---------|------------------|--|
| None | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Number | Country | MM/DD/YYYY Filed | Priority Claimed |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Number | Country | MM/DD/YYYY Filed | Priority Claimed |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Number | Country | MM/DD/YYYY Filed | Priority Claimed |

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

| | |
|-----------------------|--------------------------|
| 60/115,586 | 1/12/99 |
| Application Number(s) | Filing Date (MM/DD/YYYY) |
| | |
| Application Number(s) | Filing Date (MM/DD/YYYY) |

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application (37 C.F.R. § 1.63(d)).

| | | |
|-------------------|-------------|--------------------------------------|
| Name | | |
| Appln. Serial No. | Filing Date | Status Patented/Pending/Abandoned |
| | | |
| Appln. Serial No. | Filing Date | Status Patented/Pending/Abandoned |
| | | |
| Appln. Serial No. | Filing Date | Status Patented/Pending/Abandoned |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following registered attorney(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Customer Number 20792

Send correspondence to: Kenneth D. Sibley
Myers Bigal Sibley & Sajovec
Post Office Box 37428
Raleigh, NC 27627

Direct telephone calls to: Kenneth D. Sibley
(919)854-1400

Facsimile: (919) 854-1401

Full name of (first/sole) inventor: Don A. Gabriel

Inventor's
Signature: Don Gabriel Date: 6/20/00

Residence: Carrboro, North Carolina

Citizenship: United States of America

Post Office Address: 211 Robert Hunt Drive
Carrboro, NC 27510

Full name of second inventor: Laura J. Melton

Inventor's

Signature:

Laura J. Melton

Date:

6/19/00

Residence:

Durham, North Carolina

Citizenship:

United States of America

Post Office Address:

10 Hartley Place
Durham, NC 27707